
RECRUIT MEDICINE



The Coat of Arms
1818
Medical Department of the Army

A 1976 etching by Vassil Ekimov of an
original color print that appeared in
The Military Surgeon, Vol XLI, No 2, 1917

The first line of medical defense in wartime is the combat medic. Although in ancient times medics carried the caduceus into battle to signify the neutral, humanitarian nature of their tasks, they have never been immune to the perils of war. They have made the highest sacrifices to save the lives of others, and their dedication to the wounded soldier is the foundation of military medical care.

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"A healthy and fit recruit becomes a healthy and fit soldier, sailor, airman, or marine." From left: Smith, Wills, Foster, Antoniotti, Broadwater IV, and Zamora run as a team on the track; Fort Sill, Oklahoma, 2004.

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RECRUIT MEDICINE

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Foreword

Military medicine has an exceptional tradition of providing outstanding care to American men and women in uniform and their families throughout the world. Our engagements in Operations Iraqi Freedom and Enduring Freedom have had the lowest case fatality rates in history. Military medicine has been at the forefront in providing humanitarian aide for victims of the Tsunami disaster, Hurricane Katrina, and the devastating Pakistani earthquake. Medical lessons learned from these operations have contributed enormously to the fund of knowledge across all the medical battlefield operating systems.

As important as these accomplishments are, military medicine has never taken a holistic look at the accessions process—that critical time from the soldier’s first handshake with the recruiter to his or her first unit of assignment. Recognizing this deficiency, the authors of this textbook have elected to name healthcare occurring during this period “recruit medicine.” Recruit medicine combines aspects of epidemiology, preventive medicine, primary care, orthopedics, gynecology, psychiatry, and dentistry.

In times past, military medicine has often underappreciated the value of recruit medicine. The military can no longer afford to do so. Because of the rising costs of entering recruits into the training base, and the requirement that they immediately contribute to the combat effectiveness in their first unit of assignment, military medicine must develop a dynamic approach to the use of our knowledge of recruit medicine. As the accessions process transforms volunteer citizens into soldiers, sailors, airmen, and marines, military medicine must help maximize every recruit’s chance of attaining military standards in health and fitness. A healthy and fit recruit becomes a healthy and fit soldier, sailor, airman, or marine who can rapidly process battlefield information into appropriate action.

This new contribution to the *Textbooks of Military Medicine* series covers important aspects of recruit medicine, such as the medical qualifications process; health promotion and environmental risk management; chronic diseases such as asthma; injury prevention and management; communicable illnesses; behavior, dental, and women’s health; and recruit mortality. The textbook emphasizes the need for healthcare professionals, many of whom are fresh out of training themselves, to clearly understand how these factors affect a recruit’s ability to perform to standard. A recruit’s experience during the accessions process will have effects lasting throughout his or her entire military career. Although recruits cannot “quit” initial military training, they may become disillusioned with the military. With ever increasing competition for the pool of citizens eligible to enlist, healthcare professionals must appreciate the need to help as many recruits as possible achieve these standards, and to assist in keeping recruit attrition at its lowest possible levels.

This textbook, written by some of our finest civilian and military healthcare professionals, is a critical contribution to providing expert, compassionate, and expeditious care for those citizens who have volunteered for military service. Now more than ever, military medicine must work to identify, understand, and serve the needs of our recruits. This textbook will form the basis of that effort.

Lieutenant General Kevin C. Kiley, MD
The Surgeon General
US Army

Washington, DC
August 2006

Preface

Recruit medicine has historically been relegated to the backwaters of military medicine. Until recently, it received scant attention because of perceptions that recruits are young, healthy males from stable home environments who rarely become ill and never get injured. Involuntary conscription insured a continual flow of recruits into the training base, leaving little incentive for the services to invest in this aspect of military medicine.

Today our volunteer military, the nation's changing population demographics, and the rising cost of bringing a recruit into the training base have impelled the services to look carefully at the accessions process. Our current operational environment demands that recruits have the cognitive and physical skills to make an immediate transition into soldier, sailor, airman, or marine at their first unit assignment.

For the Army, the standards and practice of the accessions process are established by the Training and Doctrine Command (TRADOC).¹ TRADOC has stated that the Army's center of gravity has now become the well-trained soldier armed with the right information. The soldier must possess the required knowledge, skills, and abilities to transform information into action. Soldiers will become more involved in the joint environment, fighting alongside sailors, airmen, and marines.² For the Army, this means that every soldier must live and breathe the "warrior ethos" as stated in the Soldier's Creed.³ Enabling our forces to perform at their peak is a formidable challenge, involving a thorough knowledge of the unique aspects of recruit medicine. As the services recruit and train selected citizens, we as healthcare professionals must understand and articulate this knowledge to our senior leaders.

This textbook will identify challenges to success in the accessions process and initial military training faced by individual recruits, such as previous emotional trauma, poor nutritional habits, relative physical inactivity, excess body fat, and chronic diseases. It will also identify the unique challenges faced by female recruits, as well as external challenges in the training environment itself, such as adverse climate and communicable illnesses. In addition, this textbook will describe the military accessions medical qualifications process and the challenge of identifying medically disqualifying conditions, so that every recruit has the best chance of attaining the standards.

Just as the military's center of gravity is the individual soldier, sailor, airman, or marine, the individual's center of gravity is good health. An individual in poor health cannot withstand the rigors of combat or stability operations, nor can he or she properly transform information into action. Our sons and daughters who volunteer to protect the nation deserve the very best in military medicine from the moment they choose to enlist.

The textbook authors, all of whom bring direct experience from the recruit environment, are to be congratulated for their diligence and tenacity in writing the chapters for this textbook, in spite of many demands the Global War on Terrorism has placed on them. Additional credit should be given Dave E. Lounsbury (Colonel, US Army, retired), former Director of the Borden Institute, and Robert B. North, Jr. (Captain, US Navy, retired), former Director of Fleet Medicine, Pediatric Ophthalmology, Great Lakes Naval Hospital, who initiated the writing and developed the contents of the textbook. Additional thanks are due the many reviewers of these chapters, who have contributed immensely to the accuracy of the contents; although they remain unnamed in the book, their unselfish efforts are greatly appreciated. Recruit Medicine is a welcome and long overdue contribution to the Textbook of Military Medicine series.

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¹ US Army Training and Doctrine Command. TRADOC Mission. TRADOC Web site. Available at: <http://www.tradoc.army.mil/mission2.htm>. Accessed May 8, 2006.

² Byrnes KP. TRADOC Vision / Commander's Intent. TRADOC Web site. Available at: http://www.tradoc.army.mil/T_vision%20.htm. Accessed May 2004.

³ Schoomaker PJ. The Way Ahead, Our Army at War... Relevant & Ready. Washington, DC: Army Strategic Communications; 2003. Available at: <http://www.army.mil/thewayahead/forward.html>. Accessed May 8, 2006.

The current medical system to support the U.S. Army at war is a continuum from the forward line of troops through the continental United States; it serves as a primary source of trained replacements during the early stages of a major conflict. The system is designed to optimize the return to duty of the maximum number of trained combat soldiers at the lowest possible level. Far-forward stabilization helps to maintain the physiology of injured soldiers who are unlikely to return to duty and allows for their rapid evacuation from the battlefield without needless sacrifice of life or function.
